

UNIFORM REQUEST FOR RECERTIFICATION CREDIT

This form was developed for your convenience in reporting continuing education to the SBOE (State Board of Equalization).

1. This form must be completed in its entirety. Please type or print.
2. Please submit a separate copy to each individual organization from which you are requesting credit.
3. Please keep a photocopy of each form submitted.

ORGANIZATION TO WHICH SUBMITTED (SBOE)

AGENT REGISTRATION NUMBER

MEMBER NAME (PLEASE PRINT)

NUMBER OF INSTRUCTIONAL HOURS OFFERED

ORGANIZATION SPONSORING PROGRAM

TITLE OF PROGRAM

PROGRAM DATES

PROGRAM LOCATION

DESCRIPTION OF ACTIVITY AND CONTENT

EVIDENCE OF COMPLETION (SIGNATURE OF INSTRUCTOR OR PROGRAM OFFICIAL)

I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me may become subject to disciplinary action.

MEMBER SIGNATURE

FOR OFFICE USE ONLY

NO. OF HOURS ACTUALLY ATTENDED

MAILING ADDRESS CITY STATE/PROVINCE ZIP CODE

** Submission of this form does not imply automatic acceptance by any organization of an educational program. Each group retains its own recertification requirements and procedures for requesting credit. A copy of the program brochure or outline may be required.*

*** Please return completed form with any required fee to: State Board of Equalization, 9th Floor, W.R. Snodgrass TN Tower
312 Rosa L. Parks Avenue, Nashville, TN 37243*